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Official Use OnlyCALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

FEB 08 2010

KATHLEEN WILLIAMS,

Please type or print in ink.

10 FEB -9 PM 1:18 *Public Document*

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
THRALL	SHARON	JANE	[REDACTED] DEPUTY		
MAILING ADDRESS STREET		CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
[REDACTED]					

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

PLUMAS COUNTY

Division, Board, District, if applicable:

BOARD OF SUPERVISORS

Your Position:

COUNTY SUPERVISOR

► If filing for multiple positions, list additional agency(ies)/  
position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**☐ State☒ County of PLUMAS☐ City of \_\_\_\_\_☐ Multi-County \_\_\_\_\_☐ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)**☐ Assuming Office/Initial

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009,  
through December 31, 2009.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2009.☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)☐ The period covered is January 1, 2009, through the  
date of leaving office.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.☐ Candidate Election Year: \_\_\_\_\_**4. Schedule Summary**► Total number of pages 4  
including this cover page:► Check applicable schedules or "No reportable  
interests."I have disclosed interests on one or more of the  
attached schedules:Schedule A-1 ☒ Yes - schedule attached  
*Investments (Less than 10% Ownership)*Schedule A-2 ☐ Yes - schedule attached  
*Investments (10% or Greater Ownership)*Schedule B ☒ Yes - schedule attached  
*Real Property*Schedule C ☐ Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts  
and Travel Payments)*Schedule D ☐ Yes - schedule attached  
*Income - Gifts*Schedule E ☒ Yes - schedule attached  
*Income - Gifts - Travel Payments*

-OR-

☐ No reportable interests on any schedule**5. Verification**I have used all reasonable diligence in preparing this  
statement. I have reviewed this statement and to the best  
of my knowledge the information contained herein and in any  
attached schedules is true and complete.I certify under penalty of perjury under the laws of the State  
of California that the foregoing is true and correct.Date Signed FEBRUARY 1, 2010

(month, day, year)

Signature

(File the originally signed statement with your filing official)

**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

**THRALL, SHARON JANE**

▶ **NAME OF BUSINESS ENTITY**  
**AMERICAN STATES WATER COMPANY**

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
**WATER SERVICES AND DELIVERY**

**FAIR MARKET VALUE**  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

**NATURE OF INVESTMENT**  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

▶ **NAME OF BUSINESS ENTITY**  
**ROCKWELL AUTOMATION, INC.**

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
**SOFTWARE, INFORMATION PLATFORMS**

**FAIR MARKET VALUE**  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

**NATURE OF INVESTMENT**  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

▶ **NAME OF BUSINESS ENTITY**  
**ARVIN MERITOR, INC.**

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
**VEHICLE SYSTEMS SUPPLIER**

**FAIR MARKET VALUE**  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

**NATURE OF INVESTMENT**  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

▶ **NAME OF BUSINESS ENTITY**  
**ROCKWELL COLLINS, INC.**

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
**COMMUNICATION/AVIATION ELECTRONICS**

**FAIR MARKET VALUE**  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

**NATURE OF INVESTMENT**  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

▶ **NAME OF BUSINESS ENTITY**  
**BOEING COMPANY**

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
**AIRCRAFT MANUFACTURING**

**FAIR MARKET VALUE**  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

**NATURE OF INVESTMENT**  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

▶ **NAME OF BUSINESS ENTITY**  
**SKYWORKS SOLUTIONS, INC.**

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
**WIRELESS SEMICONDUCTOR SUPPLIER**

**FAIR MARKET VALUE**  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

**NATURE OF INVESTMENT**  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**  
\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name

THRALL, SHARON JANE

► STREET ADDRESS OR PRECISE LOCATION

260 WATSON ROAD

CITY

CHESTER, CA 96020

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust      ☐ Easement  
  
☐ Leasehold \_\_\_\_\_  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/09      \_\_\_\_/\_\_\_\_/09  
ACQUIRED      DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust      ☐ Easement  
  
☐ Leasehold \_\_\_\_\_  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

Comments:

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

THRALL, SHARON JANE

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**

► NAME OF SOURCE  
**NoRTEC**  
ADDRESS (Business Address Acceptable)  
**525 WALL STREET**  
CITY AND STATE  
**CHICO, CA 95928**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**EMPLOYMENT TRAINING**  
DATE(S): **01 / 01 / 09 - 12 / 31 / 09** AMT: \$ **672.00**  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income  
DESCRIPTION: **Mileage reimbursement & Stipend to**  
**attend governing board meetings.**

► NAME OF SOURCE  
ADDRESS (Business Address Acceptable)  
CITY AND STATE  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION: \_\_\_\_\_

► NAME OF SOURCE  
ADDRESS (Business Address Acceptable)  
CITY AND STATE  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION: \_\_\_\_\_

► NAME OF SOURCE  
ADDRESS (Business Address Acceptable)  
CITY AND STATE  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_